## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including below or directed of tions.	for trange the herwise	nsmitting the ISSU Patent, advance on in Block 1, by (a	JE FEE and PUBLICA' rders and notification of a) specifying a new corr	TION FEE (if requirements of the maintenance fees we spondence address;	ired). I vill be and/or	Blocks 1 through 5 sh mailed to the current r (b) indicating a separ	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	7590 12/14	/2009		na	ve as own certificate	or ma	ining of transmission.	
Leo Peters LSI Logic Corporation 1621 Barber Lane, MS D-106					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Milpitas, CA 95035					Jana R. Williford			(Depositor's name)
					/Jana R. Williford/			(Signature)
				ļ <del></del>	March 2, 2010		<del></del>	(Date)
							``	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVER		OR ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/664,636 09/19/2003				Rebecca A. Kocot 5201-27000 03-0914				5055
TITLE OF INVENTION INSTRUCTIONS WITH PIPELINE								
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$0	\$0		\$1510	03/15/2010
EXAMINER			ART UNIT	CLASS-SUBCLASS	$\neg$			
KANG, INSUN			2193	717-125000	_			
1. Change of corresponde	ence address or indication	ee Address" (37	2. For printing on the	patent front page, lis	t			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			ition form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	<b>ТОВ</b>	E PRINTED ON T	THE PATENT (print or ty	уре)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
LSI Corporation				1621 Barber Lane Milpitas, CA 95035				
Please check the appropri	ate assignee category or	catego	ries (will not be pri			rporati	on or other private grou	up entity Government
				- 0.5 () (D)	<u> </u>			
4a. The following fee(s) are submitted:  4b. Payment of Fee(					ase first reapply an	y prev	iously paid issue fee s	hown above)
☑ Issue Fee ☐ Publication Fee (No small entity discount permitted)				☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies								
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2395 (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicated S SMALL ENTITY statu		•	b. Applicant is no lor	nger claiming SMAI	I. ENT	TTY status See 37 CF	R 1 27(g)(2)
	Publication Fee (if requ	ired) v	vill not be accepted	from anyone other than	-			assignee or other party in
Authorized Signature that					Date March 2	2, 201	0	
Typed or printed name Steven J. Hanke					Registration N	o. <u>58</u>	,076	<del></del>
This collection of information application. Confident	ntion is required by 37 C iality is governed by 35	FR 1.3 U.S.C.	11. The informatio	n is required to obtain or	retain a benefit by the	e publ	ic which is to file (and to complete, including	by the USPTO to process) gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.